

SOCIAL DETOX
POLICY & RECORD REVIEW FORM - ADDENDUM
DMHMRSAS—Office of Licensing

PROVIDER:	LICENSE #:
SERVICE:	SPECIALIST:
DATE:	<input type="checkbox"/> Scheduled Review <input type="checkbox"/> Unannounced Review

Regulation/Section		Standard	Score	Comments					
§1060	Cooperative agreement	Service shall establish a cooperative agreement with other community agencies to accept referrals which shall address physician coverage, emergency medical care & outline responsibilities of each party							
§1070	Physical environment	Unobstructed observation area							
COMMENTS:			Name/Record Number						
§1080.A.1	Direct care staff trained in management of withdrawal								
§1080.A.2	Direct care staff trained in first responder training, OR								
§1080.A.	Direct care staff trained in First aid & CPR								
§1080.B	Direct care staff trained within thirty days of date of hire								
§	1100 Documents of significant events in record								
§1110.1	Admission assessment identifies individuals at high risk for medical complications or who may pose a danger to self/others								
§1110.2	Admission assessment assesses substances used and time of last use								
§1110.3	Admission assessment notes time of last meal								
§1110.4	Admission assessment documents blood alcohol level or breathalyzer								
§1110.1	Admission assessment documents vital signs on admission								
§1120.A.1	Vital signs documented on admission & discharge								
§1120.A.2	Vital signs taken every four hours for first twenty-four hours								
§1120.A.3	Vital signs taken as frequently as necessary until stabilized								
§1120.C	Documented refusal of vital signs and actions taken								
§1130	Provider will offer light snacks & fluids to individuals not in danger of aspirating								